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Date of Deposit

MICHAEL D. GANNON, (36,807)

Name of Applicant, assignee or  
Registered Representative

Signature

RECEIVED  
MAY 21 2003  
GROUP 3600

S/A  
Raven  
asaka

Our Case No. 8773/118

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Li et al.

Serial No.: 10/027,689

Filing Date: December 21, 2001

For: Spool Apparatus and Method for  
Harnessing Optical Fiber To a Circuit Board

)  
)  
) Examiner: Sang Kim  
)  
)  
) Group Art Unit No.: 3654  
)  
)  
)

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed February 11, 2003, please enter the following Amendment in the above-identified application and consider the following remarks.



3654

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	8773/118
Application Number	10/027,689
Filing Date	December 21, 2001
First Named Inventor	Li et al.
Group Art Unit	3654
Examiner	Sang Kim

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MAY 21 2003  
GROUP 3654

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment / Response.  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Extension of Time Request (duplic)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawings:  <input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> To Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Applicant claims small entity status.  <input type="checkbox"/> Request of Refund  <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input checked="" type="checkbox"/> Post Card Receipt  <input type="checkbox"/> Additional Enclosure(s) (please identify below):  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
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## CALCULATION OF FEE

					Small Entity		or	Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee		Rate	Add'l Fee
Total	19	Minus	20	0	x \$9=	0		x \$18=	
Indep.	3	Minus	3	0	x \$42=	0		x \$84=	
First Presentation of Multiple Dep. Claim					+\$140=	---		+\$280=	
					total add'l fee	\$ 0		total add'l fee	\$ 0

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael D. Gannon Registration No. 36,807 BANIAC PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature		Date:	May 12 <sup>th</sup> , 2003

## CERTIFICATE OF MAILING

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Signature	 Michael D. Gannon	Date:	May 12 <sup>th</sup> , 2003
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